### TOWN OF SOUTHAMPTON

Main Office 116 Hampton Road Southampton, NY 11968

**Phone:** (631) 287-5740 **Fax:** (631) 283-5606



**Town Clerk Annex** 

**Phone:** (631) 723-2712 **Fax:** (631) 723-3080

Website:

www.southamptontownny.gov

# REQUIREMENTS FOR OPERATOR'S LICENSE: TRANSPORTATION FOR HIRE

Expires: December 31<sup>st</sup>, Midnight

License Fee: \$100.00

(Cash, check or money order payable to "Town of Southampton")

Fingerprinting: Please see attached new procedures.

Fees are non-refundable and due when the application is submitted.

Renewal applications submitted after January 31<sup>st</sup> is subject to a mandatory \$25.00 late fee.

**Applications Accepted:** Monday – Friday 8:30 AM – 2:30 PM

**Location:** Town Clerk's Office, 116 Hampton Road, Southampton

### **DOCUMENTS TO BE SUBMITTED WITH APPLICATION:**

• **DOCTOR'S STATEMENT** -see attached Medical Certification form.

#### • PHOTOGRAPHS

Two (2) identical photographs (2 x 2 head and shoulders) taken no longer than sixty (60) days prior to submission of completed application.

#### • DRIVER'S LICENSE

Copy of applicant's valid NYS Driver's license clearly indicating the identification number and expiration date, together with authorization for the Town to conduct an examination of the applicant's driving record.

If the applicant's license is from another state, the applicant must submit an abstract from their local Department of Motor Vehicles stating that the license is equivalent to a Class E chauffeur's license as well as an abstract showing the applicant's driving history.

### **ADDITIONAL INFORMATION FOR NEW APPLICANTS:**

#### FINGERPRINT PROCESSING

- 1. All new applicants and non-consecutive yearly renewals must be fingerprinted.
- 2. Failure to have fingerprints done in timely fashion may cause a delay in the issuance of the license.

#### PLEASE NOTE: Town Clerk's Additional Fees:

- Fee for notarizing application \$1.00
- Copies per page \$.25

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### OFFICE OF TOWN CLERK SUNDY A. SCHERMEYER

**Town Clerk Annex** 

**Phone:** (631) 723-2712 **Fax:** (631) 723-3080

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#### 2012

# APPLICATION OPERATOR'S LICENSE TRANSPORTATION FOR HIRE

For Office Use Only			
License # :  Date:  Initials:  Business Taxi #			

## PERSONAL DATA:

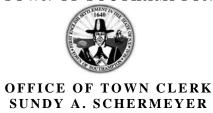
Name:		
Last	First	Middle Initial
Γaxi Business Name that you are employed	with:	
Any names previously used:		
Cell Telephone No: ()	Alternate Telephone No.:_	
Address (Local):		
Address (Legal/Mailing, if different from ab	ove):	
Marital Status: Eye Color	r: Hair Color:	Height:
• Weight: Date of I	Birth: Place	of Birth:
Social Security Number:		
NYS Driver's License I.D. #:		Class:
Authorization to Conduct Examinat	ion of Driving Record:	YESNO
• Has your Driver's License (of any the past eighteen (18) months?		suspended or revoked within
◆ If Yes: What Cou	rt: Date:	
◆ Cause:		
Have you been convicted of a feld local law (not including municipal to)		

Taxi B	Susiness Name:				
Address	s:				
Federal	Identification Number:		Telephone No:		
Place of	f business for past five (5) y	rears if different from a	above:		
Name o	of Business/Employer:				
Address	s:				
Any pre	evious occupational license	held:Yes	No		
If Yes:	Yes: Type:When:Where:				
AND SV INFORM TELEPH REPORT OTHER OCCUR	WEAR THAT SAID ANSWE MATION REGARDING NAM HONE NUMBER OF THE P TED IN WRITING TO THE CHANGES SHALL BE R RENCE.	ERS ARE TRUE AND A ME, RESIDENCE, BUSI ERSON DESIGNATED E TOWN CLERK WIT EPORTED TO THE T	O THE BEST OF MY KNOWLEDGE ACCURATE. ANY CHANGES WITI NESS LOCATION AND/OR ANY CH O FOR SERVICE OF LEGAL PROCE THIN SEVEN (7) DAYS OF OCCUR TOWN CLERK WITHIN THIRTY (	H REGARD TO HANGE IN THE ESS SHALL BE RRENCE. ALL (30) DAYS OF	
Signat	ure	D	Oate		
Sworn	to before me this	day of			
 Notary	y Public	_			
			NISHABLE AS A CLASS "A" MISDE NAL LAW OF THE STATE OF NEV		
****	*******	******	*********	****	
Office	Use Only:				
•	License mailed				
• ****	License picked up		********	*****	

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# Medical Certification Form for Taxi Operators

This is to certify that I have examined(Name of applicant)				
The applicant for a Southampton Taxi O Based on my examination reported herei	pplicant for a Southampton Taxi Operator's License, on,  (Date of exam)			
It is my opinion that she or he:  Is medically fit to safely operation.	ate a licensed taxi vehicle.			
Is not medically fit to safely o	perate a licensed taxi vehicle.			
Physician Last Name, First Name	Physician's Signature			
Mailing Address  Phone # ( )	Physician's License #			
Ph	nysician's Stamp			

THIS FORM MUST BE VALIDATED WITH AN OFFICAL STAMP BY PHYISCIAN